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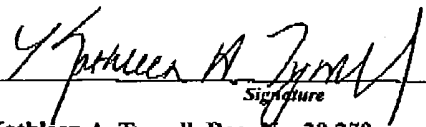
TO: Examiner Davis (TC1600)**GROUP: 1642****FAX NUMBER: 703-872-9307****ATTORNEY DOCKET NO.: DEX-0196****SERIAL NO.: 09/807,201****FILED: April 25, 2001****NUMBER OF PAGES: 7****MESSAGE:** Attached please find Amendment Transmittal Letter; Amendment Under 37
C.F.R. §1.312 (a) and Certificate of Transmission by Facsimile.**Kathleen A. Tyrrell, Registration No. 38,350****URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): Salceda et al.					DEX-0196	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
09/807,201	April 25, 2001	Davis, Minh Tam B	32800	1642	2155	
Invention: Method of Diagnosing, Monitoring, Staging, Imaging and Treating Prostate Cancer						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9 -	22 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____						
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619						
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.18.						
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div> Kathleen A. Tyrrell, Reg. No. 38,350</div><div>Dated: August 5, 2004</div></div>						
<div style="display: flex; justify-content: space-between;"><div>Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454</div><div style="border: 1px solid black; padding: 5px; width: 350px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ <i>Signature of Person Mailing Correspondence</i></p><p style="text-align: center;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div></div>						
cc:						

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RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 1642

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0196
Inventors: Salceda et al.
Serial No.: 09/807,201
Filing Date: April 25, 2001
Examiner: Davis, Minh Tam B
Group Art Unit: 1642
Title: Method of Diagnosing, Monitoring,
Staging, Imaging and Treating Prostate
Cancer

Certificate of Facsimile Transmission

I hereby certify that this document is being facsimile
transmitted to the Patent and Trademark Office on
the date shown below.

On August 5, 2004


Kathryn A. Tyrrell, Registration No. 38,350

Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

Amendment under 37 C.F.R. 1.312(a)

Please enter the following amendments and remarks into the
record.

Amendments to the claims are reflected in the listing of
claims which begins on page 2 of this paper.

Remarks begin on page 4.